DLN: 93493101003302

Form 990

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

OMB No 1545-0047

pen to Public

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public
Inspection

eck if app lress char me chang ial return minated	THE ENVIRONMENT Doing Business As	s) Room/suite	94-3 E Telep (406	31704 hone r	dentification number 25 number
me chang ıal return mınated	Doing Business As e Number and street (or P O box if mail is not delivered to street address	s) Room/suite	E Telep	hone	
ial return	Number and street (or P O box if mail is not delivered to street address	s) Room/suite	(406		
mınated	Number and street (of P.O. box if mail is not delivered to street address	:\ Room/suite		5) 585	-1776
		,, Room, sake			s \$ 316,702
ended rei olication p	BOZEMAN. MT 59718				
	F Name and address of principal officer		H(a) Is this a grou	ın retii	rn for
	DR JOHN BADEN		affiliates?	Picta	┌ Yes
	BOZEMAN, MT 59718		H(h) Are all affiliate	e inclu	ıded?
र-exempt	t status	527	_		
ebsite:	► WWW FREE-ECO ORG				
n of orga	nization 🔽 Corporation 🦳 Trust 🦳 Association 🦳 Other 🕨		L Year of formation	1985	M State of legal domicile M
rt I	Summary				
AF	PPLY ECONOMICS, SCIENTIFIC ANALYSIS, AND RISK ANALYSI		ORE AND EDUCAT	EIND	DIVIDUALS ABOUT
_					
2 CI	heck this box 🕶 if the organization discontinued its operations or d	lisposed of	more than 25% of it	s net	assets
	,		more and 20 % or it	1	9
				4	8
				5	9
6 To	otal number of volunteers (estimate if necessary)			6	(
7a ⊤c	otal unrelated business revenue from Part VIII, column (C), line 12		7a	(
b N (et unrelated business taxable income from Form 990-T, line 34 .			7b	(
			Prior Year		Current Year
8	Contributions and grants (Part VIII, line 1h)		393	,950	305,358
9	Program service revenue (Part VIII, line 2g)			O	
1			1	11,145	
			4	199	
			399	,717	316,702
				0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)			0	O
	, , , , , , , , , , , , , , , , , , , ,	۹), lines	204	222.054	
	•		304	233,954	
			0		
1			20.5	200.257	
l				300,257	
l		•		534,211 -217,509	
19	Revenue less expenses Subtract file 10 from file 12	• •			
			Year		End of Year
					1,107,572
l					10,616
			1,3/5	,202	1,096,956
	_	nanvina sch	edules and statement	e and	to the best of my
edge an					
euge.					
	*****		2012-04-10		
, J	Signature of officer		Date		
• ı	DR JOHN BADEN CHAIRMAN				
1 1	Type or print name and title				
			ı		
	Preparer's Date				payer identification number
5	Preparer's signature KYLA Q STAFFORD	self		struction	
arer's	Firm's name (or yours ANDERSON ZURMUEHLEN & CO PC	self	ployed P (see in: P00249	struction 110	ns)
arer's :	signature KYLA Q STAFFORD	self	(see in	struction 110	ns)
	2 CI 3 No 4 No 5 To 6 To 7a To b No 8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 till penalti	DR JOHN BAJEN 622 FERGUSON ROAD BOZEMAN,MT 59718 -exempt status	DR JOHN BADEN 622 FERGUSON ROAD BOZEMAN,MT 59718 -exempt status	DRJOHN BADEN 622 FERGUSON ROAD BOZEMAN, MT 59718 H(b) Are all affiliates? H(c) Group exempt status	DRJ DHN BADEN 62 FERGUSON ROAD BOZEMAN, MT 59718 **H(b) Are all affiliates **Inchester** **H(c) From examption root organization** **Desite: Now WFREE-ECO ORG **H(c) Group exemption root organization** **T Summary **Benefit Summary **Benefit Summary **Benefit Summary **A PPLY ECONOMICS, SCIENTIFIC ANALYSIS, AND RISK ANALYSIS TO EXPLORE AND EDUCATE INCALTERNATIVE SOLUTIONS TO ENVIRONMENTAL PROBLEMS **2 Check this box Prift the organization discontinued its operations or disposed of more than 25% of its net and a summer of voting members of the governing body (Part VI, line 1a)

FOIII	1990 (2011)				Page Z
Par		nt of Program Service chedule O contains a respons	Accomplishments to any question in this Part III		 Խ
1		the organization's mission	, .		<u> </u>
– ADV TO F	ANCE CONSERVA	TION AND ENVIRONMENTA WE ARE INTELLECTUAL EN	AL VALUES BY APPLYING MODE TREPRENEURS, EXPLAINING HO ROSPERITY CAN FOSTER A HEA	WECONOMIC INCENTIVES,	
2	Did the organizati	on undertake any significant p	program services during the year w	hich were not listed on	
	•	O or 990-EZ? these new services on Sched			es 🔽 No
3		on cease conducting, or make	significant changes in how it cond	ducts, any program	es 🔽 No
	If "Yes," describe	these changes on Schedule C			
4	expenses Section	n 501(c)(3) and 501(c)(4) org	complishments for each of its thre panizations and section 4947(a)(1 nses, and revenue, if any, for each) trusts are required to report the	
4a	(Code CONDUCT SEMINAR PROBLEMS) (Expenses \$ S AND CONFERENCES AND PRODUC	370,307 including grants of \$ E BOOKS AND ARTICLES TO GENERATE AN) (Revenue \$ D EXPLORE ALTERNATIVE SOLUTIONS TO) D ENVIRONMENTAL
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program s (Expenses \$	ervices (Describe in Schedul includin	e O) g grants of \$) (Revenue \$)
4e	Total program se	ervice expenses > \$	370,307		

Part IV	Checklist o	f Red	uired	Sche	dules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

1 01111	990 (2011)			Page •
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			i
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		Νo
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line $2 \cdot \cdot \cdot$.	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V	•		
la.	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable		Yes	No
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1.		
2a	gaming (gambling) winnings to prize winners?	1c		
b	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
ь	year?	3a 3b		No
а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
-	over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
3	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		N
ь	services provided to the payor?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		N
f	contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
a	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]		
L	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a		
b	allocated to each state Enter the aggregate amount of reserves the organization is required to maintain by			
c	the states in which the organization is licensed to issue qualified health plans Enter the aggregate amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
	ir issis maan med a room zzoro tenoti tieae navinenta! Il IVO. DIOVIDE ali EXDIANATION III ACHEGIBE CL			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal	•		•
Re	venue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give			
c	rise to conflicts?	12b		
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed▶			
	Section 61.04 requires an organization to make its Form 1.023 (or 1.024 if applicable), 990, and 990-T (50.1(c)			

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization MARY ROLOFF
 622 FERGUSON ROAD

BOZEMAN, MT 59718 (406) 585-1776

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee										or, or trustee
(A) Name and Title					t che e bo: is bo nd a stee)	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or director		Highest compensated employee	Former		MISC)	related organizations		
(1) PROFESSOR JAMES HUFFMAN DIRECTOR		Х						0	0	0
(2) JOHN L MCCORMACK DIRECTOR		х						0	0	0
(3) DR R NEAL WILKINS PHD DIRECTOR		х						0	0	0
(4) THE HONORABLE EDITH BROWN CLEMENT DIRECTOR		Х						0	0	0
(5) PROFESSOR JONATHAN H ADLER JD DIRECTOR		х						0	0	0
(6) THE HONORABLE ALICE BATCHELDER DIRECTOR		Х						0	0	0
(7) TODD J ZYWICKI JD DIRECTOR		Х						0	0	0
(8) JOHN VON KANNON SECRETARY/TREASURER		Х		х				0	0	0
(9) DR JOHN A BADEN CHAIRMAN / PRESIDENT	40 00			х				98,000	0	0
(10) RAMONA MAROTZ-BADEN VICE PRESIDENT	15 00			х				28,435	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (describe	unless person is both an officer and a director/trustee)						Repo compe fron organiza	D) rtable nsation n the ation (W-	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estima imount o compens from t	ated fother sation the on and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		relat organiza	
1b	Sub-Total							•						
c d	Total from continuation sheets to Total (add lines 1b and 1c).				•	•		*		126,435		0		0
2	Total number of individuals (inclusive state of the state		nited to	thos	e lıs			. <u> </u>) who	o received	,	an	<u> </u>		
3	Did the organization list any form on line 1a? <i>If "Yes," complete Sch</i>								or highest	compens	ated employee	3	Yes	No No
4	For any individual listed on line 1 organization and related organization individual											4		No
5	Did any person listed on line 1a i services rendered to the organiza									nization (or individual for •	5		No
	ection B. Independent Cont						•							
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax yo	the organizatio ear									ng with			
	Nam	(A) ne and business add	dress							Desc	(B) ription of services	+	(C Comper	
												#		
												#		
	Total number of independent contr \$100,000 of compensation from t			ot lır	nited	l to	those	liste	d above)	who recei	ved more than			

Part V		Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
¥¥	1a	Federated campaigns 1a					
亞黃	ь	Membership dues 1b					
ರ್≝	c	Fundraising events 1c					
ु ह		-					
<u>ਰੂਫ਼</u>	d	Related organizations 1d					
ર્સ્ટ,≣	e	Government grants (contributions) 1e					
ច្ចះ	f	All other contributions, gifts, grants, and 1f	305,358				ĺ
<u> </u>	_	similar amounts not included above Noncash contributions included in					
<u>=</u> =	g						
Contributions, gifts, grants and other similar amounts	h	Innes 1a-1f \$ Total. Add lines 1a-1f	▶	305,358			
O m	-"-		•	,			
<u> 9</u> 2		В	ısıness Code				
Ę.	2a						
29.	ь						
a T	c						
Σ							
À	d						
Ē	е						
Program Serwce Revenue	f	All other program service revenue					
Š	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, ii					
			H	11,145			11,145
	_	and other similar amounts)	<u> </u>	11,143			11,143
	4	Income from investment of tax-exempt bond proce-	 				
	5	Royalties					
			ii) Personal				
	6a	Gross rents					
	ь	Less rental expenses					
	С	Rental income					
	d	or (loss) Net rental income or (loss)					
	l u		-				
		(1) Securities Gross amount	(II) Other				
	7a	from sales of					
		assets other than inventory					
	ь	Less cost or					
		other basis and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising					
<u>•</u>		events (not including					
듄		\$					
>		of contributions reported on line 1c) See Part IV, line 18					
Œ		a					
Other Revenue	b	Less direct expenses b					
₹	c	Net income or (loss) from fundraising even	its ►				
_	9a	Gross income from gaming activities	·				
		See Part IV, line 19					
		а					
	b	Less direct expenses b					
	С	Net income or (loss) from gaming activitie	s				
	10a	Gross sales of inventory, less returns and allowances .					
		a					
	b	Less cost of goods sold b					
	С	Net income or (loss) from sales of inventor	ry 🟲	l			
		Miscellaneous Revenue Bu	ısıness Code				
	11a	MISCELLANEOUS	900099	199	199		
	ь						
	_ 						
		All other revenue					
	d	All other revenue					
	e	Total. Add lines 11a-11d		199			
	12	Total revenue. See Instructions	▶	316,702	199	0	11,145

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

Do no	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				<u> </u>
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	126,435	82,539	20,230	23,666
7	Other salaries and wages	88,709	55,153	33,556	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	4,788	3,064	1,197	527
10	Payroll taxes	14,022	8,974	3,506	1,542
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				_
f	Investment management fees				
g	Other	35,677	22,834	8,919	3,924
12	Advertising and promotion	14,099	9,023	3,525	1,551
13	Office expenses	26,650	17,055	6,663	2,932
14	Information technology				
15	Royalties				
16	Occupancy	42,619	27,276	10,655	4,688
17	Travel	153,062	126,006	22,928	4,128
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	99		99	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,198		3,198	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	HONORARIA	18,000	18,000		_
b	MISCELLANEOUS	3,426		2,286	1,140
c	DUES & SUBSCRIPTIONS	2,541		2,341	200
d	VEHICLE EXPENSE	599	383	150	66
e					
f	All other expenses	287		287	
25	Total functional expenses. Add lines 1 through 24f	534,211	370,307	119,540	44,364
26	Joint costs. Check here ► ☐ If following				· ·
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	irt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		867,610	1	411,480
	2	Savings and temporary cash investments		406,215	2	683,396
	3	Pledges and grants receivable, net		100,000	3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of	key employees, and			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under sec persons described in section $4958(c)(3)(B)$ Complete Part II of	tion 4958(f)(1)) and			
		Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
8	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	94,470 10a			
	b	Less accumulated depreciation	10b 84,511	12,057	10c	9,959
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,737	15	2,737
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,388,619	16	1,107,572
	17	Accounts payable and accrued expenses .		8,292	17	5,491
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule	D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
æ		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties $\ \ \ .$			24	
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part X		5,125	35	5,125
	26	D		13,417	\vdash	10,616
	26	Total liabilities. Add lines 17 through 25	to lines 37	15,417	26	10,010
φ		through 29, and lines 33 and 34.	ite lines 27			
ž	27	Unrestricted net assets		821,685	27	596,956
Balance	28	Temporarily restricted net assets		53,517	\vdash	0
	29	Permanently restricted net assets		500,000	 	500,000
Fund		Organizations that do not follow SFAS 117, check here ▶ □ and	complete			
or F		lines 30 through 34.				
0	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .			31	
Ą	32	Retained earnings, endowment, accumulated income, or other fund	ds		32	
Net	33	Total net assets or fund balances		1,375,202	33	1,096,956
2	34	Total liabilities and net assets/fund balances		1 388 619	34	1 107 572

	Check if Schedule O contains a response to any question in this Part XI	•		. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	316,70
2	Total expenses (must equal Part IX, column (A), line 25)	2		5	534,21
3	Revenue less expenses Subtract line 2 from line 1	3		- 2	217,50
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,3	375,20
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-60,73
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1,0	96,95
Par	TXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?		2b		Νo
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of to audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2 c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the readily or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

FOUNI	DATION			ONOMICS AND					Employer	identification	on number
	NVIRON								94-3170		
	rt I			blic Charity Sta						instructions	<u>;</u>
	organı —			te foundation becaus) X)		
1	<u> </u>			ion of churches, or a))(1)(A)(I).			
2	<u> </u>			d in section 170(b)(1							
3	_			perative hospital se							
4	l			h organızatıon opera ıty, and state	ted in conjun	ction with a	hospital des	cribed in sec	tion 170(b)	(1)(A)(iii).	inter the
5	Γ	An org	anızatıon op	erated for the benefi	t of a college	or universi	ty owned or o	perated by a	governme	ntal unit des	 cribed in
		sect ior	170(b)(1)((A)(iv). (Complete P	art II)						
6	Г	A feder	ral, state, or	local government o	r government	tal unıt desc	rıbed ın sect i	ion 170(b)(1)(A)(v).		
7	굣	_		at normally receives	a substantia	al part of its	support from	a governme	ntal unıt or	from the gen	eral public
		describ section		(A)(vi) (Complete P	art II)						
8	Г	A comi	munity trust	: described in sectio i	n 170(b)(1)(A)(vi) (Con	nplete Part I	Ι)			
9	Γ	An org	anızatıon th	at normally receives	(1) more th	an 331/3%	of its support	from contril	outions, me	mbership fee	s, and gross
		receipt	s from activ	rities related to its e	xempt functi	ons—subjec	t to certain e	xceptions, a	nd (2) no m	ore than 331	1/3% of
		ıts sup	port from gr	oss investment inco	me and unre	lated busine	ss taxable ın	come (less	section 511	. tax) from b	usinesses
		acquire	ed by the or	ganızatıon after June	30,1975 S	ee section 5	509(a)(2). (C	omplete Par	tIII)		
10	Γ	Anorg	anızatıon or	ganized and operate	d exclusively	to test for p	oublic safety	Seesection	509(a)(4).		
11	Г	An org	anızatıon or	ganized and operate	d exclusively	for the ben	efit of, to peri	form the fund	tions of, or	to carry out	the purposes of
				ly supported organız						See section !	509(a)(3). Check
				ibes the type of supp							- 111 O.h
	_		Type I	b Type I			- Functional				e III - Other
е	1	other t	-	ox, I certify that the ion managers and ot	_				•	•	•
f				received a written d	etermination	from the IR	S that it is a	Type I. Type	II or Type	III supporti	ng organization.
			this box					. , , , , , , , , , , , , , , , , , , ,	, , ,		
g				2006, has the organ	ızatıon accep	oted any gift	or contributi	on from any	of the		
			ng persons?	rectly or indirectly o	ontrole outh	oralono ort	ogothor with	norcone dos	cribad in /ii	`	Yes No
				governing body of th	•		-	persons des	cibed iii (ii		Yes No
				er of a person descri			יווטווי				j(ii)
			•	lled entity of a perso	٠,		hous?				(iii)
h		• •		ng information about						119	()
		FIOVIU	e the followi	ng mormation about	tile supporte	eu organizat	1011(5)				
				(iii)	(iv)					_	
				Type of	Is the	e	(v)	tufu tha	(vi		
	(i) Name		(ii)	organization (described on	organızatı		Did you no organizat	•	organiza		(vii)
	suppo		EIN	lines 1- 9 above	col (ı) lıst		col (ı) of		col (i) or		A mount of
	rganız			or IRC section	your gove docume		suppor		ın the		support?
				(see		1	<u> </u>	T	 	T	\dashv
				ınstructions))	Yes	No	Yes	No	Yes	No	

Total

instructions

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify

	under Part III. If the	organization f	ails to qualify u	nder the tests l	<u>ısted below, ple</u>	ase co	nplete F	Part III.)
	ection A. Public Support		T					
Cale	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(f) Total
	ın) Gıfts, grants, contributions, and	<u> </u>	.,	. ,	• •			
1	membership fees received (Do not							
	include any "unusual	713,984	744,834	804,892	393,950		305,358	2,963,018
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its							
	behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	713,984	744,834	804,892	393,950		305,358	2,963,018
5	The portion of total contributions	120,50	, , , , , , , ,	00.7032	330,300		000,000	2,500,010
,	by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							1,494,061
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5 from line 4							1,468,957
-	ection B. Total Support							
	endar year (or fiscal year beginning							
Cui	in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
7	A mounts from line 4	713,984	744,834	804,892	393,950		305,358	2,963,018
8	Gross income from interest,	·	·					
•	dividends, payments received on							
	securities loans, rents, royalties	38,492	26,483	1,493	1,279		11,145	78,892
	and income from similar							
	sources							
9	Net income from unrelated							
	business activities, whether or							
	not the business is regularly carried on							
10	Other income (Explain in Part							
10	IV) Do not include gain or loss	55,239	-36,035	-30,323	4,488		199	-6,432
	from the sale of capital assets							
11	Total support (Add lines 7							3,035,478
	through 10)							
12	Gross receipts from related activities	es, etc (See inst	ructions)			12		
13	First Five Years If the Form 990 is f	or the organization	on's first, second,	third, fourth, or fi	fth tax year as a 5	501(c)(3) organız	ation,
	check this box and stop here							▶ □
	ection C. Computation of Pub			4.4 1 (6)				
14	Public Support Percentage for 2011			11 column (f))		14		48 390 %
15	Public Support Percentage for 2010	Schedule A, Pai	t II, line 14			15		48 830 %
16a	33 1/3% support test—2011. If the	organization did	not check the box	on line 13, and li	ine 14 is 33 1/3%	or more	, check t	
_	and stop here. The organization qua							▶ ▼
Ь	33 1/3% support test—2010. If the	_			a, and line 15 is 3	3 1/3%	or more,	- -
17-	box and stop here. The organization				a 12 16a ar 16h	and line	. 1 4	►
r/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat	-						
	in Part IV how the organization mee							ted
	organization	and laces and		organiza	quaiiiico ao (- Pasiici	,	
b	10%-facts-and-circumstances test-	-2010. If the orga	nızatıon dıd not o	heck a box on line	e 13, 16a, 16b, o	r 17a an	d line	•
	15 is 10% or more, and if the organ	ızatıon meets the	facts and circu	mstances" test, c	heck this box and	stop he	re.	
	Explain in Part IV how the organizat	ion meets the "fa	icts and circumst	ances" test The	organızatıon qual	ıfıes as a	publicly	. —
	supported organization			46 461 47	471 1 1 1 1 1			► □
18	Private Foundation If the organizati	on did not check	a box on line 13,	16a, 16b, 17a or	1/b, check this b	oox and	see	▶ □
	ınstructions							F-1

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

Software ID:

Software Version:

EIN: 94-3170425

Name: FOUNDATION FOR RESEARCH ON ECONOMICS AND

THE ENVIRONMENT

Form 990, Special Condition Description:

Special Condition Description

efile GRAPHIC print - DO NOT PROCESS

DLN: 93493101003302

OMB No 1545-0047

Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

	UNDATION FOR RESEARCH ON ECONOMICS AND E ENVIRONMENT			1170425		
	art I Organizations Maintaining Donor Ad	vised Funds or Other Similar		170425	s Comple	te if th
	organization answered "Yes" to Form 990		i unus (n Account	.s. Compic	
		(a) Donor advised funds	(b) Funds and	other acco	unts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o	_	onor advi	sed	☐ Yes	┌ No
6	Did the organization inform all grantees, donors, and oused only for charitable purposes and not for the bene conferring impermissible private benefit				┌ Yes	┌ No
Pa	rt II Conservation Easements. Complete i	f the organization answered "Yes"	to Form	990, Part 1	V, line 7.	
1	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat	<u> </u>			-	ea
	Preservation of open space					
2	Complete lines 2a–2d if the organization held a qualif easement on the last day of the tax year	ied conservation contribution in the for	m of a co	nservation		
				Held at th	e End of the	e Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified hist	coric structure included in (a)	2c			
d	Number of conservation easements included in (c) ac	quired after 8/17/06	2d			
3	Number of conservation easements modified, transfer	rred, released, extinguished, or termina	ted by th	e organızatıoı	n during	
	the taxable year ▶					

3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization d the taxable year 🛌	urıng	
4	Number of states where property subject to conservation easement is located ▶		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	┌ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🛌		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year		
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	┌ Yes	┌ No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, as balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that descr		

the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

- Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

 - (ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

- For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Part	IIII Organizations Maintaining Co	llections of Art	t, His	torio	cal Tre	easur	es, or C	ther	Simila	ır Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e foll	_		_		e of its o	collection		
а	Public exhibition		d	Γ	Loan o	rexcha	ange prog	ams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ıın hov	v they	further	the or	ganızatıor	ı's ex	empt pur	pose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								lar	Γ,	Yes	□ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the o	organiz	zation			es" to Fo	orm 990	,	·
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for c	ontribut	ions or	other ass	ets n	ot	Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing ta	ıble		_					
										Amou	nt	
С	Beginning balance							1 c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance						Γ	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?				_			Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	,										
	t V Endowment Funds. Complete		n ans	were	d "Yes	" to Fo	orm 990,	Part	: IV, line	e 10.		
		(a)Current Year	(b)	Prior Y	'ear	(c) Two	Years Back	(d)	Three Year	s Back (e)	Four Ye	ears Back
1a	Beginning of year balance	553,517			509,638		488,51	.9				
b	Contributions											
C	Investment earnings or losses	-69,269			69,196		64,82	.2				
d	Grants or scholarships											
e	Other expenditures for facilities				25,317		43,70	3				
	and programs							-				
f	Administrative expenses	484,248			553,517		509,63	99				
g	End of year balance	,			333,317		309,63	90				
2	Provide the estimated percentage of the year	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment ► 100 000 %											
C	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation t	hat a	re held	and ad	mınıstere	d for t	:he			
	organization by (i) unrelated organizations									25(i)	Yes	No No
	•			•				•		3a(i) 3a(ii)		No
b	(ii) related organizations		 donS	 ched	ule R?		• •	• •		3b		110
4	Describe in Part XIV the intended uses of th							•				
Par	t VI Land, Buildings, and Equipme					0.						
	Description of property		•	(a	a) Cost or	r other	(b)Cost or			umulated	(d) B	ook value
	Description of property			ba	sıs (ınves	stment)	basıs (ot	her)	depre	eciation	(4, 5	JOK Value
1a	and											
b E	Buildings											
c l	easehold improvements											
d E	Equipment											
_e (Other	<u> </u>					9	4,470		84,511		9,959
	. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	mn (B)	, line	10(c).)				►			9,959
	The state of the s	bbo, raic x, colur	(D)	,	(_/./	- •	<u> </u>	•		dule D (F	orm 9	

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)	(-,-	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		
Part VIII Investments—Program Related. See	Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of that of year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	<u> </u>
(a) Descrip	tion	(b) Book value
		+
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
PAYROLL LIABILITIES	5,125	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	5,125	

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	าts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	Return
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
- а	Donated services and use of facilities		
b	Prior year adjustments	1 1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b	1	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE	PART V, LINE 4	PROVIDE A STREAM OF FUNDING TO THE ORGANIZATION
OF ENDOWMENT FUNDS		TO SUPPORT PROGRAM OBJECTIVES

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization FOUNDATION FOR RESEARCH ON ECONOMICS AND THE ENVIRONMENT Employer identification number

94-3170425

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE EXECUTIVE VP AND OFFICE MANAGER REVIEW THE 990 BEFORE FILING
	FORM 990, PART VI, SECTION C, LINE 19	ANNUAL REPORTS WHICH INCLUDE FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -60,737